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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396101 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | | (X3) DATE SURVEY COMPLETED: 03/23/2023 |
| NAME OF PROVIDER OR SUPPLIER: REHAB AT SHANNONDELL STATE LICENSE NUMBER: 17580201 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 5000 SHANNONDELL DRIVE AUDUBON, PA 19403 | | |
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| F 0000 | INITIAL COMMENT | F 0000 | | | |
| | Based on an Abbreviated Survey in response to two complaints completed on March 23, 2023, it was determined that Rehab at Shannonell was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process. | | | | |
| F 0572 | | F 0572 | | | |
| SS=D | | | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| F 0572 SS=D | Continued from page 1 483.10(g)(1)(16) Notice of Rights and Rules §483.10(g) Information and Communication. §483.10(g)(1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. §483.10(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. (ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any. (iii) Receipt of such information, and any amendments to it, must be acknowledged in writing; This REQUIREMENT is not met as evidenced by: | F 0572 | 1. Both Resident's designated representatives (son and daughter) were aware and acknowledged acceptance of the daily room and board rate that the Resident would be responsible to pay prior to the resident being admitted to the facility and verification of such was provided during our survey. 2. During the survey, the facility produced 2 documents that verified that R1's representative was notified of the daily private pay rate by employees of Shannondell as well as care team members of an acute care setting, and R1's representative acknowledged acceptance of the daily private pay rate. 3. During the survey, the facility produced documentation (an email) between R1's representatives and the NHA, with language surrounding the daily room and board rate, with the understanding that R1's representatives were aware of the rate prior to admission. 4. During the survey, the facility produced the new admission packet that was delivered to R1 upon | Completion Date: 05/03/2023 Status: APPROVED Date: 04/05/2023 | |

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| F 0572 SS=D | Continued from page 2 | F 0572 | admission. This packet included – photo authorization, consent for treatment, facility bed hold policy, information about the patient portal, Resident rights and responsibilities, the facility grievance process, notice of privacy practices. This is consistent with our policy. 5. During the survey, the facility produced documentation that verified that R1's designated representative was provided documents entitled "confirmation of services", consent for treatment, including the daily room and board rate and consent for disclosure of PHI. These documents confirmed that they were sent, electronically (via email) from the facility clinical system (point click care), on the day of admission (10/19/22). R1's representatives chose not to "accept" the document and complete the process to acknowledge the form. 6. R1 was not offered an opportunity to sign documents during the admission because they were admitted with end-of-life orders | | |

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| F 0572 SS=D | Continued from page 3 | F 0572 | <p>and on hospice services. The facility chose to respect R1's condition and not attempt to have R1 sign any documents related to costs as these were always managed (throughout multiple previous admissions) by R1's representative.</p> <p>7. The "Admission Agreement, Skilled Nursing and Rehabilitation" policy will be revised as is necessary to accurately capture regulatory requirements of written acknowledgement at or prior to admission</p> <p>8. The facility admissions staff will be in-serviced on policy modifications.</p> <p>9. The facility admission staff will ensure that required documentation is provided to new admissions or their designated representative.</p> <p>10. The facility admission staff will document attempts to obtain acknowledgement of necessary documents from designated representatives when resident is not capable of completing.</p> <p>11. The facility admission staff will manage the documentation of each</p> | | |

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| F 0572 SS=D | Continued from page 4 | F 0572 | admission agreement and follow up as is necessary to ensure compliance. 12. The facility admissions staff will maintain an audit of the status of all admission agreements and report patterns or trends of non-compliance to the facility QA committee. 13. The Admission Director or Designee will ensure compliance. | | |
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| F 0572 SS=D | Continued from page 5 Based on interviews with staff, review of clinical records, review of admission records and review of facility policies and procedures, it was determined that the facility failed to ensure that residents and/or responsible party were informed of all his or her rights, rules, regulations and responsibilities, prior to and/or upon the resident's admission for one out of five residents reviewed (Resident R1). Findings include: Review of the facility's "Admission Agreement, Skilled Nursing and Rehabilitation," with a revision date of September 2021, stated that the purpose of the policy is to ensure that documentation is shared with all admitting patients of their representatives. | F 0572 | | | |

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| F 0572 SS=D | Continued from page 6 Review of the Resident R1's nursing notes indicated that the resident has received intermittent rehabilitation services from the facility from July 2022 through November 3, 2022, when the resident was subsequently discharged from the facility, and returned to her home with the continuation of hospice services. Review of the resident's November 2022 physician orders listed the diagnoses of hypertension (high blood pressure); heart failure (when the heart muscle doesn't pump blood as well as it should); Chronic Obstruction Pulmonary Disorder (COPD- a disease that damages your lungs over time, making it difficult to breath); chronic respiratory failure (difficulty breathing), heart failure (and diabetes (disease that causes high blood sugar). | F 0572 | | | |

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| F 0572 SS=D | Continued from page 7 Review of Resident R1's nursing notes for October 5, 2022 at 1:37 p.m. stated that the resident was sent out to the hospital for a change in condition, and was admitted into the hospital for hypoxia (low level of oxygen in your blood tissues), and hypertension. Review of a nursing note dated October 19, 2022 dated 12:22 p.m. indicated that the resident was admitted back into the facility from the hospital with an admitting diagnosis of hospice, end stage COPD, and heart failure. Review of the admission records for Resident R1's October 19, 2022 admission provided no evidence that information including, but not limited to the following was reviewed, signed/acknowledge by the resident's and his/or her responsible party prior to | F 0572 | | | |

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| F 0572 SS=D | Continued from page 8 and/or upon the resident's admission into the facility: resident rights related to photo release authorization, consent for treatment, facility behold policy information, services provided by the facility, payment for services provided by the facility, information regarding personal funds, the facility's admission agreement. Continued review of the resident's admission records also did not show evidence that any information regarding the payment amount that the resident would be responsible for during her stay at the facility, with the implementation of hospice services, was provided to the resident and/or her responsible party at any time prior to or during her admission into the facility in October 19, 2022. Review of documentation from the facility | F 0572 | | | |

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| F 0572 SS=D | Continued from page 9 also indicated that the resident's daily rate that the resident and/or her responsible party would be responsible for paying upon her readmission to the facility with hospice care on October 19, 2022, was \$585 a day. This was confirmed by the Nursing Home Administrator (NHA) on March 22, 2023 at 1:13 p.m. Review of the resident's financial statement provided by the facility indicated that the resident still had an unpaid balance of \$8,950.00 for her cost of care at the facility. During an interview with the Director of Admission (Employee E3) on March 22, 2023 at 1:58 p.m. it was confirmed that there was no documentation that could be produced to show evidence that the facility provided the resident and/or her | F 0572 | | | |

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| F 0572 SS=D | Continued from page 10 responsible party with information related to the resident's admission into the facility, including, but not limited to the cost of care prior to and/or upon her admission into the facility on October 19, 2022 when the resident returned from the hospital with hospice services. 28 Pa. Code 201.29(e) Resident rights | F 0572 | | | |



Certified End Page

REHAB AT SHANNONDELL

STATE LICENSE NUMBER: 17580201

SURVEY EXIT DATE: 03/23/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY